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Department of Veterans Affairs

SERVICER'S STAFF APPRAISAL REVIEWER (SAR) APPLICATION

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (for example: Authorize release of information to Congress when requested on how many Servicers and/or SARs are participating in SAPP) as identified in the VA system of records, 17VA26, Loan Guaranty Fee Personnel and Program Participant Records - VA, and published in the Federal Register. Your obligation to respond is mandatory. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under 38 U.S.C. 3702(d). VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect

Respondent Burden: We need this information to determine your acceptability to participate in the VA Servicer Appraisal Processing Program (SAPP) as a Service Staff Appraisal Reviewer (SAR), 38 U.S.C. 3702(d) and 38 CFR 36.4344. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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IMPORTANT: Please type or print. Your answers m	ust be legible.			
SECTION I - STAFF APPRAISAL REVIEWER (SAR) NOMINEE				
1. NAME OF NOMINEE (First, middle, last) 2. SOC		2. SOCIA	L SECURITY NUMBER	
3. RESIDENTIAL ADDRESS (Number and street or rural route,	city or P. O., State, and ZIP Code)			
4. BUSINESS NAME AND ADDRESS WHERE SAR IS LOCA	ATED (Number and street or rural route, city or P. O., Sta	te, and ZIF	P Code)	
5. BUSINESS TELEPHONE NUMBER (Include Area Code)	6. 10-DIGIT VA SERVICER ID FOR OFFICE WHERE REVIEWER IS LOCATED			
7. E-MAIL ADDRESS	8. 10-DIGIT VA LENDER ID FOR ASSOCIATED VA LENDER			
PREVIOUS APPROVAL: If I was previously a number assigned was DISCLOSURE OF SANCTIONS: I have not Federal or State entity or any professional org potential problem regarding this disclosure has resolved is attached. CONFLICTS OF INTEREST: As a SAPP Staf appraisal review services for any other lender and pursuits that might be considered by VA to be a considered by VA	been suspended, debarred, or had a similar anization. I am not aware of any unresolved been submitted to VA, and a letter from VA and a letter from VA departs been submitted to VA fee panel. I agree to resolve on the VA fee panel. I agree to resolve of interest.	sanction I investig VA indicate The port to the control of the control I control of the control	taken against me by any gation involving me. Any cating that the problem is e employed by or perform VA any private interests or ence, or evidence of HUD r's Handbook.	
I CERTIFY THAT my signature below affirms that are accurate and true, to the best of my knowledge.	the information I am providing in all of the	above sta	atements and certifications	
9. SIGNATURE OF STAFF APPRAISAL REVIEWER			10. DATE SIGNED	

VA FORM JUL 2008

26-0829 (Continued on Reverse)

SECTION II - OFFICER RESPONSIBLE FOR QUALITY OF APPRAISAL REVIEWER'S WORK			
11. NAME AND TITLE (First, middle, last)			
12. BUSINESS NAME AND ADDRESS (Number and street or rural route, city or P. O., State, and ZIP Code)			
13. BUSINESS TELEPHONE NUMBER (Include Area Code)			
SECTION III - SENIOR OFFICER OF COMPANY			
SECTION III - SENIOR OF FIGER OF COMPANY			
SENIOR OFFICER'S STATEMENTS AND CERTIFICATIONS:			
STAFF APPRAISAL REVIEWER NOMINATION: The nominee is a full-time salaried employed authorized to act on our behalf as a Staff Appraisal Reviewer. Based on our personal interview with the review of the nominee's appraisal-related capabilities and performance, we find the nominee to be qual Reviewer in accordance with the requirements in chapter 18 of the VA Lender's Handbook. We acknow that any improper actions of the nominee as a Staff Appraisal Reviewer shall be imputed to the employ notify the appropriate VA office(s) if we ever change or limit this recommendation, or terminate nominee.	ne nominee and a thorough alified as a Staff Appraisal owledge the responsibility yer. We agree to promptly		
PROCESSING FEE: The \$100 processing fee for this nominee is attached.			
PROPERTIES ALREADY VALUED: Unless VA grants authorization for a specific case, this con request an appraisal for a property that already has a valid value determination for VA liquidation purpose	npany will not knowingly es.		
NO APPRAISAL REVIEWS FOR/FROM OTHER LENDERS/SERVICERS: Although <u>appraisal referom</u> one lender or servicer to another, this company will not make VA <u>value determinations</u> for other no value determination for VA loan liquidation purposes that was made by another mortgage lender circumstances.	nortgage lenders, nor use a		
NO PRESSURE/INFLUENCE ON FEE APPRAISER OR STAFF APPRAISAL REVIEWER: Thi pressure or influence on the Fee Appraiser or Staff Appraisal Reviewer to remove or change valid apprato reach a predetermined value for a property.	s company will not exert aisal report information, or		
QUALITY CONTROL SYSTEM: This company has an effective quality control or other system to quality of its staff appraisal reviews. That system contains all of the basic elements identified in chapt Handbook.			
I CERTIFY THAT my signature below affirms that the information I am providing in all of the above sta	atements and certifications		
are accurate and true, to the best of my knowledge.	15. DATE SIGNED		
14. SIGNATURE AND TITLE OF SENIOR OFFICER	13. DATE SIGNED		